SIAC, Health Subcommittee meeting
Wednesday, January 9, 2013
2:30 PM - 4:30 PM
33 W. Monroe – 24th floor, Exec. Room
Conference call in number: 888-494-4032
Pass code: 719 851 8485#

Meeting Minutes

I. **Welcome and introductions** – 2:30pm   Janine
    Meeting participants:

Brook Fisher, Ounce	Karen Berman, Ounce
Carie Bires , Heartland Health Outreach	Adam Becker, CLOCC
Tom Browning, IAFC	Janine Lewis, IMCHC
Andrea Densham , Childcare Network	Karen Berman, Ounce
of Evanston	Pam Borchardt, Borchardt Consulting
Kim Bartolomucci, CCOHF	Rachel Sacks, ICAAP
Madelyn James, Voices	Natalie Ramos, Castillo Voices
Karen Freel, Ounce	Kate Ritter, IAFC

II. **Review Health Subcommittee meeting minutes from 12.12.12** – 2:40pm   Adam
     Minutes were reviewed and approved by Health Subcommittee members.

III. **ICCRRA provider survey questions** – 2:45pm   Janine
      • Proposed question topics (specific wording would be developed by ad hoc group)
         o Top health priorities for children served
         o Provider's level of comfort for making referrals to health-related services
         o Provider's level of comfort for communicating health concerns to families
         o Kinds of support needed to be able to address the health needs of children served
      • Ad-Hoc group needed – submit questions by end of January 2013

Group comments include the following:
Meeting participants suggested that the first and fourth question topic (listed above) be multiple choice questions and provide a "check all that apply" option.
Meeting participants expressed concern with what the phrase "level of comfort" may mean to a provider. For example, if providers "don't know what they don't know," the subjective nature of the phrase could lead to provider's confidence being falsely high. The group needs to think about how to make that question more objective.

An Ad Hoc Work Group will convene to develop and submit questions to INCCRRA before the end of January. Christy will send an email to the Health Subcommittee with a date for the meeting. The Co-Chairs ask that people with experience in question and survey design and folks with an understanding of how to gather data volunteer to participate in this work.

Handouts: Meeting Agenda (1/9/12), DRAFT Meeting Minutes (12/12/12), DRAFT Work Plan

IV. **Review Work Plan: Objective #1, Action Step #1** – 3:00pm   Adam
   - Proposed selection criteria (issues are addressed within early childhood system)
     - Affects the most people **OR** has severe impacts
     - Subcommittee member willingness to lead on issue **OR** clear link to group already working on issue
     - Sufficient staff support for work on issue
   - Issue selection
     - Active: Obesity prevention, Oral Health, Behavioral Health (through link with Illinois Children's Mental Health Partnership)
     - Newly proposed: Chronic conditions (Amy Zimmerman), medical homes (Andrea Densham), health information sharing (?)

Adam states that the purpose of having issue selection criteria is to help the Subcommittee decide which issues to commit to focus on and potentially develop work plan objectives and action steps for.   He asks the group for comments on the proposed selection criteria (listed above).

Group comments include:
Meeting participants would like to add the following issue selection criteria:
- reasonable best practice/examples to follow or draw from **OR** exciting innovative enough that would put Illinois "on the map"
- response to need or request to work on issue (i.e. sufficient demand from early childhood field to focus on a certain issue)

The group then put one of the newly proposed issues (medical homes) through the selection criteria and came to the following:
   1) For the criteria "Affects the most people OR has severe impacts" the group agrees that the issue of medical home meets this criteria since access to a medical home improves outcomes for all children
   2) For the criteria "reasonable best practice/examples to follow or draw from OR exciting innovative enough that would put Illinois 'on the map'" the group agrees that the issue meets this criteria since there exists best practices around medical homes and around care coordination; AAP staff can help direct people towards resources on best practice. Also, the group comments that there is room for innovation on this issue because models for linking early childhood and medical homes are fragmented - "like spokes on a wheel, services connect to the medical home" instead of being an integrated process.
   3) For the criteria "Subcommittee member willingness to lead on issue OR clear link to group already working on issue" ICAAP participants state that they may commit to playing role in leading this work but need to follow up with other staff at ICAAP before they are able to commit; participants from Heartland Health Outreach and Child Care Network of Evanston state that they are willing to lend support as well.
   4) For the criteria "Sufficient staff support for work on issue" see above (#3)
   5) For the criteria of "Sufficient demand" the group agrees that the issue meets this criteria since it was proposed by a Health Subcommittee member

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Adam Becker asks for ICAAP to report back to the group if their staff is willing to lead the Health Subcommittee work on improving coordination between the early childhood system and medical homes.

Other issues will be put through the issue selection criteria as issues are presented.

V. **Review Work Plan: Objective #1, Action Steps #2-7** – 3:30pm   Janine
   • Where and when will the work occur (Ad Hoc vs. full Subcommittee)

For Objective 1, action step 1, the group will work to identify sectors and segments of health priorities that are (or should be) addressed within early childhood systems. Any areas of health that do not meet the issue section criteria detailed above may still be addressed in the work of the Health Subcommittee, but may not be given separate objectives and action steps within the Health Subcommittee work plan.

The Health Subcommittee discusses a strategy for moving the work forward on action steps #2-7:
   • The Health Subcommittee will work to answer 2-5 and in the process decide if action steps need to be worked out in ad hoc groups or if the work will happen in the larger Health Subcommittee.
   • For Action step 2, the Health Subcommittee will discuss what the early childhood field believes is the role and expectation of the early childhood system for addressing the health needs of children and then think about aligning those expectations across the early childhood system. This action step will build off action step 1.
   • Once Action steps 1 and 2 are completed (or are substantially progressing), the Health Subcommittee will work on action steps 3, 4 and 5. The Health Subcommittee will work concurrently on action step 6 and then will address action step 7 when the group is ready and/or when it is appropriate to do so.

VI. **Early Childhood and Health Glossary of Terms** – 4:00pm   Adam
   • What terms to include (building of common language across systems)
The meeting participants shared the following terms to be included in the Health Subcommittee's Early Childhood and Health Glossary of Terms:

Early intervention – may have different meanings depending on the system you're in
Care coordination
Medical Home
Early childhood system (look at BUILD definition)
Healthy Development
Behavioral vs. socio-emotional vs. mental health
Health-related services
Health services
Health Home

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Early Childhood education program
Early childhood care (home vs center vs group home)
Preschool
Head start
Home visiting
Licensed system vs. unlicensed system
Accreditation sources: NAEYC, Head Start, QRIS
Surveillance (in health vs. early childhood systems)
Developmental Screening (health vs. early childhood systems)
Providers (health vs. early childhood systems)
Screen time
Prevention (primary, secondary, etc.)
Oral health
Consultation
Delegate agency
IEP (Individual Education Plan) 3-5
IFSP (Individual Family Service Plan) 0-3

VII.   **Next Steps –** 4:20pm   Janine/Adam
   - Next meeting: **Wednesday, February 13, 2013, 2:30pm-4:30pm**
      - open brainstorming and create list of health areas to consider as the group moves through the other action steps under Objective 1
   - Work to be completed and who is responsible
      - Ad Hoc Group for survey work
         - Christy will send an email about dates for convening the INCCRRA Ad Hoc Work Group to work on developing survey questions
         - Janine will email INNCRRA regarding questions on the circulation time frame for the survey (i.e. how long the survey would be out for providers to complete) and when analysis by INCRRA will be completed.
      - Obesity Prevention Ad Hoc Work Group will meet on January 16th (working on recommendations to DCFS)
      - Oral Health Ad Hoc Work Group will meet on February 7th (working on finalizing Oral Health work action steps on Health Subcommittee Work Plan)
      - ICAAP and Heartland will think about leading the Medical Home issue on the Health Subcommittee and report back to the Health Subcommittee on decision.

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